PUBLIC DISCLOSURE COPY

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ARMANINO LLP

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** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u>	For th	e 2021 calendar year, or tax year beginning M	AY 1, 2021 and	ending A	PR 30, 2022	
В	Check if applicab	C Name of organization			D Employer identif	fication number
	Addre	PETS IN NEED				
	Name chang				94-6139665	7
F	Initial return	N	ivered to street address)	Room/suite	E Telephone numb	er
	Final	871 FIFTH AVENUE	(650)367-14			
_	termir ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	6,790,428.
	Amen return	ded BEDWOOD CIMY CA 04062	0 1		H(a) Is this a group	return
	Application	F Name and address of principal officer: TERI	DUNWOODY		for subordinate	
	pendi	SAME AS C ABOVE			H(b) Are all subordinates	included? Yes No
1	Tax-ex	empt status: X 501(c)(3) 501(c) ()		or 527	If "No," attach	a list. See instructions
J	Websi	te: WWW.PETSINNEED.ORG			H(c) Group exempti	on number 🕨
			sociation Other >	L Year	of formation: 1967	M State of legal domicile; CA
P	art I	Summary				
ø.	1	Briefly describe the organization's mission or most			NO-KILL MOVEMEN	r,
Governance		REDUCE PET HOMELESSNESS, AND FIND EVEN	RY DOG AND CAT A LOVING	HOME.		
ž	2	Check this box if the organization disco	·	sed of more	than 25% of its net as	1
Š	3	Number of voting members of the governing body			<u>3</u>	
		Number of independent voting members of the gov				
<u>e</u> s	5	Total number of individuals employed in calendar y				
Activities &	6	Total number of volunteers (estimate if necessary)				
Act	7a	Total unrelated business revenue from Part VIII, co				
_	l b	Net unrelated business taxable income from Form	990-1, Part I, line 11	·····	•	<u> </u>
	8	Contributions and grants (Part VIII line 1b)			Prior Year 3,376,082	Current Year 5 , 447 , 184 .
ne	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)			1,037,156	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	170,054	 		
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			33,623	
	12	Total revenue - add lines 8 through 11 (must equal			4,616,915	<u> </u>
_	13	Grants and similar amounts paid (Part IX, column (764,503	
	14	Benefits paid to or for members (Part IX, column (A			0	
ú	15	Salaries, other compensation, employee benefits (F			4,510,625	4,081,956.
Expenses	16a	Professional fundraising fees (Part IX, column (A), li			0	0.
ē	b	Total fundraising expenses (Part IX, column (D), line		649.		
й	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		1,939,808	1,570,041.
		Total expenses. Add lines 13-17 (must equal Part I)			7,214,936	5,708,470.
	19	Revenue less expenses. Subtract line 18 from line	12		-2,598,021	1,081,958.
Net Assets or	g			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			17,016,194	
t As	21	Total liabilities (Part X, line 26)			1,690,730	
يِّج	22	Net assets or fund balances. Subtract line 21 from	line 20		15,325,464	15,467,210.
	art II	Signature Block				
		alties of perjury, I declare that I have examined this return,				ny knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than office	r) is based on all information of wi	nch preparer	nas any knowledge.	
C:	_	Signature of officer			I Date	
Sig		PETER RADIN, TREASURER			5410	
Hei	е	Type or print name and title				
		Print/Type preparer's name	Preparer's signature	T	Date Check	PTIN
Pai	d	MATTHEW PETROSKI	MATTHEW PETROSKI		3/01/23 if self-empl	L
	parer	Firm's name ARMANINO LLP			Firm's EIN	94-6214841
	Only	Firm's address 50 W. SAN FERNANDO ST, S	TE 500		THIII S LIN	
		SAN JOSE, CA 95113			Phone no. 40	8-200-6400
Ma	y the I	RS discuss this return with the preparer shown abo	ve? See instructions		,	X Yes No

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Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	_
	THE MISSION OF PETS IN NEED IS TO TO PROVIDE ANIMALS WITH LOVING CARE	
	AND LASTING HOMES, TO PARTNER WITH COMMUNITIES STRIVING TO DO THE	
	SAME, AND TO ADVANCE OUR NO-KILL LEGACY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	٧o
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	٧o
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,530,118. including grants of \$) (Revenue \$ 725,957.	•)
	ANIMAL CARE / RESCUE - EXCELLENT CARE, QUALITY MEDICAL SERVICES AND	
	GOOD TRAINING ARE THE KEY COMPONENTS OF ANIMAL CARE. THE ORGANIZATION	
	MAINTAINS A SHELTER WHERE ANIMALS ARE CARED FOR AND TRAINED BY QUALITY	
	STAFF AND VOLUNTEERS. MOST OF THE SHELTER GUESTS ARE LOVING ANIMALS	
	THAT HAVE BEEN RESCUED FROM PUBLIC FACILITIES WHERE THEY WERE IN DANGER	
	OF BEING KILLED. THE ORGANIZATION GOES ON RESCUE RUNS TO PUBLIC	
	SHELTERS TO RESCUE CATS AND DOGS IN NEED OF A SECOND CHANCE. ONCE BACK	
	AT THE SHELTER, THE ANIMALS ARE SCREENED, GIVEN A BASIC MEDICAL EXAM BY	
	VETERINARY STAFF, VACCINATED, DEWORMED AND SPAYED OR NEUTERED. THE	
	ORGANIZATION'S CANINE TRAINER WORKS WITH VOLUNTEERS TO TRAIN AND ENRICH	
	DOGS TO BECOME MORE ADOPTABLE. (SEE SCHEDULE O FOR CONTINUATION)	
4b	(Code:) (Expenses \$1,262,728. including grants of \$2,823.) (Revenue \$145,211.	<u>•</u>)
	ADOPTIONS - VISIBILITY AND SERVICE ARE THE KEY COMPONENTS OF ADOPTION.	_
	THE ORGANIZATION MAINTAINS A SHELTER, OPEN TO THE PUBLIC, STAFFED WITH	
	TRAINING ADOPTION AND ANIMAL CARE SPECIALISTS WHO COUNSEL THE PUBLIC	_
	ABOUT THE RESPONSIBILITIES OF PET OWNERSHIP AND ASSIST THEM IN	
	SELECTING AN APPROPRIATE PET FOR THEIR LIFESTYLE. IN ADDITION TO WORD	
	OF MOUTH, THE ORGANIZATION PROMOTES THE ADOPTIONS BY MAINTAINING A	
	PROFESSIONAL AND UP-TO-DATE WEBSITE WITH AVAILABLE ANIMALS,	_
	HIGHLIGHTING ADOPTABLE ANIMALS ON VARIOUS SOCIAL MEDIA CHANNELS,	
	HIGHLIGHTING ANIMALS ON LOCAL TELEVISION, AND BRINGING ADOPTABLE	
	ANIMALS TO OUTREACH EVENTS. THE DIRECT MAIL CAMPAIGN, WEBSITE, AND	
	E-MAIL NEWSLETTER KEEPS DONORS INFORMED OF THE WORK THE ORGANIZATION IS	
_	DOING TO ADOPT ANIMALS.	
4c	(Code:) (Expenses \$1,777,386. including grants of \$53,650.) (Revenue \$\$ 253,429. MEDICAL - THE ORGANIZATION OPERATES A LOW COST SPAY/NEUTER CLINIC THAT	<u>.</u>)
	IS AVAILABLE TO THE PETS OF ANY CALIFORNIA RESIDENT. THE ORGANIZATION	_
	BELIEVES THAT AN AGGRESSIVE SPAY/NEUTER PROGRAM IS A KEY COMPONENT TO	_
	PREVENTING ANIMALS FROM ENTERING PUBLIC SHELTERS AND LOSING THEIR	_
	LIVES. IN ADDITION TO THE IN HOUSE SPAY/NEUTER CLINIC, THE	_
	ORGANIZATION HAS A MOBILE SPAY/NEUTER VAN THAT IS TAKEN TO LOW INCOME	_
	COMMUNITIES IN ORDER TO PROVIDE FREE SPAY/NEUTER SERVICES TO THE PETS	_
	OF LOCAL RESIDENTS. THE ORGANIZATION ALSO OPERATES LOW COST VACCINATION	_
	CLINICS.	_
		_
	IN 2020, THE ORGANIZATION FORMED EMERGENCY ASSISTANCE PROGRAM ("EAP")	_
	IN RESPONSE TO THE COVID PANDEMIC. (SEE SCHEDULE O FOR CONTINUATION)	_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 4,570,232.	

SEE SCHEDULE O FOR CONTINUATION(S)

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13070301 701245 121389

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Form 990 (2021) PETS IN NEED
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Pai	rt IV Checklist of Required Schedules (continued)	0 /	Р	age 4
. u	Continuea)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			.,
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25.0	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	1
Pa		,		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b)		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

PETS IN NEED Form 990 (2021) 94-6139667 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 65			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		١.,
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		x
	to file Form 8282?	7c		_
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7-		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		•
	excess parachute payment(s) during the year?	15		Х
46	If "Yes," see the instructions and file Form 4720, Schedule N.	40		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		_^
17	If "Yes," complete Form 4720, Schedule O. Section F01(a)(21) organizations. Did the trust, any disqualified person, or mine operator organs in any			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	47		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes." complete Form 6069.	17		
	II I EO. COMBIEGE I OMI OUCO.			

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1		
-	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5		
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	05		
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>	120		
·	on Schedule O how this was done	12c	х	
13		13	Х	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
15	•	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450	Х	
	The organization's CEO, Executive Director, or top management official	15a		х
D	Other officers or key employees of the organization	15b		
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
Ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		х
	taxable entity during the year?	16a		_ A
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	406		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		l
17 10	List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an expanization to make its Form 1023 (1024 or 1024 A if applicable) 900 and 900 T (costion 501(a)/3)	0.001.3	0.42:1-1	ole.
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s urily)	availal	UI C
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)	ച <i>e</i>	_:_!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	u tinano	Jial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	TERI DUNWOODY - 650-367-1405			

Form 990 (2021) PETS IN NEED 94-6139667 Page **7**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	, unle	Pos heck ss per	rson i	than o	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated snat-		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) AL MOLLICA - TO DECEMBER 2021 EXECUTIVE DIRECTOR	40.00			x				211,554.	0.	26,861.
(2) ANGELO STANTON	40.00								•	20,002.
VETERINARIAN	10.00	1				x		188,378.	0.	17,218.
(3) CHARLOTTE RUBIN	40.00							100,570.	••	17,210.
MEDICAL DIRECTOR	15,00	1				x		170,157.	0.	21,991.
(4) RANDI KORTVELY - TO MARCH 2022	40.00									
FINANCE AND OP DIRECTOR		1		х				138,823.	0.	18,367.
(5) PATRICIA SANTANA	40.00									
SHELTER OPERATIONS MANAGER		1				x		105,893.	0.	20,123.
(6) ROB KALMAN	8.00							, , , , , , , , , , , , , , , , , , ,		
PRESIDENT		х		х				0.	0.	0.
(7) WENDY CALVERT	8.00									
VICE PRESIDENT		х		х				0.	0.	0.
(8) PETER RADIN	5.00									
TREASURER		Х		х				0.	0.	0.
(9) GALI HAGEL	5.00									
SECRETARY		х		Х				0.	0.	0.
(10) CHARLES BARTELS	5.00									
MEMBER		Х						0.	0.	0.
(11) NANCY RYDE	5.00									
MEMBER		Х						0.	0.	0.
(12) VALERIE WILSON MCCARTHY	5.00									
MEMBER		Х						0.	0.	0.
(13) ANGELA YOUNG	5.00									
MEMBER		Х						0.	0.	0.
(14) ERIK OLIVER	5.00									
MEMBER (LEFT 4/22)		Х						0.	0.	0.
(15) KAREN KUDELKO	5.00	1								
MEMBER		Х						0.	0.	0.
(16) DAVID LEVINE	5.00	4								
MEMBER (LEFT 1/22)		Х						0.	0.	0.
		-								
										Form 990 (2021)

Form 990 (2021) PETS IN NEED 94Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Page 8 94-6139667

	(A) Name and title	(B) Average hours per week	box	not cl	ss per	ition more rson i	than o	an	(D) Reportable compensation	(E) Reportable compensation	1	(F) stimate mount	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	org ar	other npensa from th ganizat nd relat janizati	e tion ted
	Subtotal Total from continuation sheets to Part V							>	814,805.	0.	+	104,	560.
d	Total (add lines 1b and 1c)							<u> </u>	814,805.	0.	+	104,	560.
	Total number of individuals (including but r compensation from the organization	not limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable		,	5
3	Did the organization list any former officer	, director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on		Yes	No
	line 1a? If "Yes," complete Schedule J for s	such individual									3		Х
4	For any individual listed on line 1a, is the si and related organizations greater than \$15										4	Х	
5	Did any person listed on line 1a receive or	accrue comper	sati	on fr	om	any	unre	elate	ed organization or individ	dual for services	_		х
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	nplete Schedule	e J fo	or su	ıch <u>ı</u>	oers	on .				5		
1	Complete this table for your five highest co	•	•							•	ation fr	rom	
	the organization. Report compensation for (A)	the calendar ye	ear e	enair	ig w	itn c	or wi	tnin	(B)		(C)	
	Name and business	address	NO:	NE					Description of s	ervices	Compe	ensatio	<u>n</u>
								$\frac{1}{1}$					
2	Total number of independent contractors (\$100,000 of compensation from the organ	•	ot lin	nited	to t		se lis 0	ted	above) who received mo	ore than			
	<u> </u>	•								•	Form	990 (2021)

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Form 990 (2021)
Part VIII

		Check if Schedule O contains a response or	note to any line	e in this Part VIII			<u></u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
SS	1 :	a Federated campaigns 1a					
anta							
يخ و							
ts, An		c Fundraising events 1c					
를		d Related organizations 1d					
ž,		e Government grants (contributions)	1,129,607.				
ΪŞ	1	f All other contributions, gifts, grants, and					
p t		similar amounts not included above 1f	4,317,577.				
할	9	g Noncash contributions included in lines 1a-1f	84,014.				
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a-1f		5,447,184.			
			Business Code				
o l	2 :	a ANIMAL CARE AND OTHER	900099	931,943.	931,943.		
Š.		ADOPTION FEES	900099	145,211.	145,211.		
Ser	_			,	,		
Program Service Revenue							
gra Re							
ro.		e					
_		f All other program service revenue		1,077,154.			
\rightarrow		g Total. Add lines 2a-2f		1,077,134.			
	3	Investment income (including dividends, interest		218 647			218 647
		other similar amounts)		218,647.			218,647.
	4	Income from investment of tax-exempt bond pro	ceeds				
	5	Royalties	/ii) Daraanal				
		(i) Real	(ii) Personal				
		a Gross rents 6a					
		b Less: rental expenses 6b					
	•	c Rental income or (loss) 6c					
	(d Net rental income or (loss)	>				
	7 :	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	ı	b Less: cost or other basis					
e		and sales expenses 7b					
ē	(c Gain or (loss) 7c					
Pe		d Net gain or (loss)					
Other Revenue		a Gross income from fundraising events (not	,				
돭		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events	•				
		a Gross income from gaming activities. See					
		Part IV, line 19					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities	▶				
		a Gross sales of inventory, less returns					
		and allowances 10a	1,993.				
		b Less: cost of goods sold 10b	0.				
		c Net income or (loss) from sales of inventory		1,993.	1,993.		
			Business Code	,			
Snc	11 :	a MISC INCOME	900099	45,450.	45,450.		
me		b		-	·		
ella		c					
Miscellaneous Revenue		d All other revenue					
2		e Total. Add lines 11a-11d		45,450.			
	12	Total revenue. See instructions		6,790,428.	1,124,597.	0.	218,647.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

_	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	56,473.	56,473.		
3	Grants and other assistance to foreign	,	,		
_	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	451,692.	375,424.	25,404.	50,864
7	Other salaries and wages	2,725,324.	2,321,337.	102,231.	301,756
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	37,549.	31,208.	2,113.	4,228
9	Other employee benefits	552,427.	459,009.	24,232.	69,186
0	Payroll taxes	314,964.	266,671.	13,621.	34,672
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	37,532.		37,532.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	26,062.		26,062.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	110,891.			110,891
2	Advertising and promotion	6,442.		1,743.	4,699
3	Office expenses	266,562.	169,200.	8,533.	88,829
4	Information technology				
15	Royalties				
6	Occupancy	129,919.	114,416.	4,768.	10,735
7	Travel	513.	513.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0:	Interest	27,261.	23,445.	1,363.	2,453
21	Payments to affiliates			10 -00	
2	Depreciation, depletion, and amortization	338,909.	288,965.	19,703.	30,241
3	Insurance	24,748.	20,767.	1,850.	2,131
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	BUSINESS EXPENSES	312,462.	161,108.	52,706.	98,648
b	SUPPLIES - ANIMAL CARE	178,407.	177,155.	1,252.	
С	ANIMAL SERVICES	93,224.	93,224.		
d	STAFF DEVELOPMENT	10,455.	10,104.	337.	14
е	All other expenses	6,654.	1,213.	4,139.	1,30
5_	Total functional expenses. Add lines 1 through 24e	5,708,470.	4,570,232.	327,589.	810,64
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2021)
Part X Balance Sheet

Pa	rt X	Balance Sneet					
		Check if Schedule O contains a response or r	note to any	/ line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-hearing			653,447.	1	229,022
	2	Cash - non-interest-bearing			1,057,563.	2	453,622
	3	Savings and temporary cash investments	1,007,000.	3	104,909		
		Pledges and grants receivable, net	62,155.	4	168,072		
	4 5	Accounts receivable, net Loans and other receivables from any current	02,133.	4	100,072		
	3	trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	•			3	
	"	under section 4958(f)(1)), and persons describ				6	
	7			7			
Assets	8	Notes and loans receivable, net				8	
Ass	9	Inventories for sale or use Prepaid expenses and deferred charges			5,706.	9	18,183
		Land, buildings, and equipment: cost or other			5,755.	-	20,200
	IUa	basis. Complete Part VI of Schedule D		7,929,168.			
	<u>ا</u>			2,767,108.	5,467,729.	10c	5,162,060
	b 11			· · ·	9,769,594.	11	10,380,845
	12	Investments - publicly traded securities Investments - other securities. See Part IV, lin			3,703,331,	12	10,300,013
	13	Investments - other securities. See Part IV, lin		13			
	14	. •				14	
	15	Intangible assets Other assets See Part IV line 11				15	
	16	Other assets. See Part IV, line 11			17,016,194.	16	16,516,713
	17	Accounts payable and accrued expenses			489,041.	17	345,179
	18		,	18	,		
	19	Grants payable Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
	22	Loans and other payables to any current or fo					
ties		trustee, key employee, creator or founder, sul					
Liabilities		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unr	-		745,289.	23	704,324
	24	Unsecured notes and loans payable to unrela			, -	24	<u> </u>
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir					
		of Schedule D	100 17 24)	. complete r urt x	456,400.	25	0
	26	Total liabilities. Add lines 17 through 25			1,690,730.	26	1,049,503
		Organizations that follow FASB ASC 958, c			<u> </u>		<u> </u>
es		and complete lines 27, 28, 32, and 33.					
auc	27				11,048,761.	27	11,514,725
ga	28	Net assets with donor restrictions	4,276,703.	28	3,952,485		
힏		Organizations that do not follow FASB ASC					
ᆵ		and complete lines 29 through 33.	,				
ō	29	Capital stock or trust principal, or current fund	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			15,325,464.	32	15,467,210
Z	33	Total liabilities and net assets/fund balances			17,016,194.	33	16,516,713.

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Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			428.	
2	Total expenses (must equal Part IX, column (A), line 25)	2			958.	
3	3 Revenue less expenses. Subtract line 2 from line 1					
4						
5	Net unrealized gains (losses) on investments	5	-	940,	212.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	15	467,	210.	
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-				
	Act and OMB Circular A-133?		За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2021)	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection
Employer identification number

PETS IN NEED 94-6139667 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021 PETS IN NEED 94-6139667 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	,, p		,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(-,	(1, 111	(-/ : -	(-)	(5) = = = 1	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	1,763,250.	3,578,081.	6,762,171.	3,376,082.	5,447,184.	20,926,768.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,763,250.	3,578,081.	6,762,171.	3,376,082.	5,447,184.	20,926,768.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6,233,197.
	Public support. Subtract line 5 from line 4.						14,693,571.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,763,250.	3,578,081.	6,762,171.	3,376,082.	5,447,184.	20,926,768.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	231,621.	261,289.	196,609.	170,054.	218,647.	1,078,220.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	2,544.	2,046.	9,334.	29,081.	45,450.	88,455.
11	Total support. Add lines 7 through 10						22,093,443.
12	Gross receipts from related activities,	•	,			12	4,014,393.
13	First 5 years. If the Form 990 is for the	•	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	. —
<u></u>	organization, check this box and stop						>
	ction C. Computation of Publi			. (5)			66.51 %
	Public support percentage for 2021 (I					14	
15	Public support percentage from 2020					15	,,,
16a	33 1/3% support test - 2021. If the containing and life is						▶ [77]
L	stop here. The organization qualifies		-			or mare abady thi	············ - —
D	33 1/3% support test - 2020. If the condition have						
170	and stop here. The organization qual						
17 a	10% -facts-and-circumstances test	_					
	and if the organization meets the fact			-		vi now the organiz	ation
L-	meets the facts-and-circumstances te	-	•	• • •	-	70 and line 15 is 1	
a	10% -facts-and-circumstances test	_					U% OF
	more, and if the organization meets the				-		▶ □
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	ni dia not check a l	oox on line 13, 16a	i, 100, 17a, 0r 17b	, check this box ai	iu see instructions	P

Schedule A (Form 990) 2021

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PETS IN NEED

Schedule A (Form 990) 2021 PETS IN NEED

Part III Support Schedule for Organizations Described in Section 509(a)(2)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨 📗	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6					'	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
check this box and stop here	•		•	•		
Section C. Computation of Public						
15 Public support percentage for 2021 (lin	e 8, column (f), d	livided by line 13, o	column (f))		15	
16 Public support percentage from 2020 S					16	
Section D. Computation of Invest	ment Income	e Percentage				
17 Investment income percentage for 202	:1 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	
18 Investment income percentage from 20					18	
19a 33 1/3% support tests - 2021. If the o	rganization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and	I stop here. The	organization quali	fies as a publicly s	upported organiza	ation	▶□
b 33 1/3% support tests - 2020. If the o	rganization did r	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, check	this box and st	t op here. The orga	nization qualifies a	as a publicly supp	orted organization	▶□
20 Private foundation. If the organization	did not check a	box on line 14, 19	a. or 19b. check th	nis box and see in:	structions	▶□

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Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 PETS IN NEED 94-6139667 Page **4**

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
3b		
30		
_		
3c		
4a		
4b		
4c		
Eo		
5a		
5b		
5c		
6		
7		
8		
9a		
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401-		
10b		Щ.

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in.	etruction	ic)	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990) 2021

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Part V	Гуре III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 C	heck here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	ll other Type III non-functionally integrated supporting organizations mu		·	_
Section A - A	djusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sho	rt-term capital gain	1		
2 Recover	ries of prior-year distributions	2		
3 Other gr	ross income (see instructions)	3		
4 Add line	es 1 through 3.	4		
5 Depreci	ation and depletion	5		
6 Portion	of operating expenses paid or incurred for production or			
collection	on of gross income or for management, conservation, or			
mainten	nance of property held for production of income (see instructions)	6		
7 Other ex	xpenses (see instructions)	7		
8 Adjuste	ed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - M	linimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggrega	ate fair market value of all non-exempt-use assets (see			
instructi	ions for short tax year or assets held for part of year):			
a Average	e monthly value of securities	1a		
b Average	e monthly cash balances	1b		
c Fair mar	rket value of other non-exempt-use assets	1c		
d Total (a	dd lines 1a, 1b, and 1c)	1d		
e Discou	nt claimed for blockage or other factors			
(explain	in detail in Part VI):			
2 Acquisit	tion indebtedness applicable to non-exempt-use assets	2		
3 Subtrac	t line 2 from line 1d.	3		
4 Cash de	eemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see inst	ructions).	4		
5 Net valu	ue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply	line 5 by 0.035.	6		
7 Recover	ries of prior-year distributions	7		
8 Minimu	m Asset Amount (add line 7 to line 6)	8		
Section C - D	Distributable Amount			Current Year
1 Adjuste	d net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.	85 of line 1.	2		
3 Minimur	m asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter gr	reater of line 2 or line 3.	4		
5 Income	tax imposed in prior year	5		
6 Distribu	utable Amount. Subtract line 5 from line 4, unless subject to			
	ncy temporary reduction (see instructions).	6		
$\overline{}$	heck here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990) 2021

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _{(continued}	<u>d)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
	Breakdown of line 7:			\dashv	
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020 Excess from 2021				
e	Excess from 2021				

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Schedule B (Form 990) (2021)

Employer identification number

	PETS	S IN	NEED	94-6139667
Organiz	ation type (check on	ne):		
Filers of	:	Secti	on:	
Form 99	0 or 990-EZ	X	501(c)(³) (enter number) organization	
			4947(a)(1) nonexempt charitable trust not treated as a private foundation	
			527 political organization	
Form 99	0-PF		501(c)(3) exempt private foundation	
			4947(a)(1) nonexempt charitable trust treated as a private foundation	
			501(c)(3) taxable private foundation	
	nly a section 501(c)(7	7), (8),	ed by the General Rule or a Special Rule. or (10) organization can check boxes for both the General Rule and a Special Rule Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling	
	property) from any o	-	ontributor. Complete Parts I and II. See instructions for determining a contributor's	
Special	Rules			
X	sections 509(a)(1) are contributor, during t	and 170 the ye	ibed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to 0(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and ar, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) If Complete Parts I and II.	d that received from any one
	contributor, during t literary, or education	the ye	ibed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a ar, total contributions of more than \$1,000 exclusively for religious, charitable, so rposes, or for the prevention of cruelty to children or animals. Complete Parts I (end of the contributor name and address), II, and III.	ientific,
	year, contributions as is checked, enter he purpose. Don't com	<i>exclus</i> ere the nplete	ibed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a <i>ively</i> for religious, charitable, etc., purposes, but no such contributions totaled metatotal contributions that were received during the year for an <i>exclusively</i> religious any of the parts unless the General Rule applies to this organization because it contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
answer "	: An organization tha 'No" on Part IV, line 2	at isn't 2, of it	covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, rements of Schedule B (Form 990).	orm 990), but it must

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021) Page **2**

Name of organization

Employer identification number

PETS IN NEED

94-6139667

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	- Nume, address, and Zn + 4	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4	### Total contributions	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* \$ 121,645.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Name, audiess, and Zif + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

PETS IN NEED

94-6139667

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 8	Name, address, and ZIP + 4	\$ 673,207.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.

Schedule B (Form 990) (2021) Page **3**

Name of organization

Employer identification number

PETS IN NEED

94-6139667

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCK		
4	-		
		\$\$	12/17/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		I \$	

Schedule B (Form 990) (2021) Page **4**

Name of or	rganization		Employer identification number
PETS IN	NEED		94-6139667
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional states.	through (e) and the following line er charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	gift
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	 gift
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) Na			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
-		(e) Transfer of gi	gift
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	l gift
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

PETS IN NEED 94-6139667 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

	organization answered "Yes" on Form 990, Part IV, lin	1		
		(a) Donor advised funds	(b) Funds a	nd other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring	
_				. Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)		
	Preservation of land for public use (for example, recrea	tion or education) Preservation c	of a historically impo	ortant land area
	Protection of natural habitat	Preservation o	of a certified historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form		
	day of the tax year.		Hel	d at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struct	ure	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization durir	ng the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located >	_	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easemen	ts during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements du	ring the year
	> \$			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	ı(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	nents that describe	s the
	organization's accounting for conservation easements.	·		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar As	sets.
	Complete if the organization answered "Yes" on Form	ı 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	i8, not to report in its revenue statement	and balance sheet	works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in f	urtherance of publi	С
	service, provide in Part XIII the text of the footnote to its finar		•	
b				ks of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	,		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$	
2		asures or other similar assets for financia		
2	If the organization received or held works of art, historical treatment	asures, or other similar assets for financia		
	If the organization received or held works of art, historical treathe following amounts required to be reported under FASB A	asures, or other similar assets for financia SC 958 relating to these items:	al gain, provide	
2 a b	If the organization received or held works of art, historical treather following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1	asures, or other similar assets for financia SC 958 relating to these items:	al gain, provide	

132051 10-28-21

PETS IN NEED 94-6139667 <u> Page</u> **2** Schedule D (Form 990) 2021 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c d Additions during the year 1d 1e Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (a) Current year (b) Prior year (e) Four years back 7,230,786 3,014,569 2,800,351 2,654,477 2,476,370. **1a** Beginning of year balance Contributions -286,915. 1,017,600. 214,218. 145,874, 178,107. Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses 6,943,871. 4,032,169. 3,014,569. End of year balance 2,800,351, 2,654,477. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 46.0600 a Board designated or quasi-endowment Permanent endowment 26.0200 % Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No X (i) Unrelated organizations 3a(i) Х (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value

> 5,162,060. Schedule D (Form 990) 2021

132,008.

285,687.

23,645.

4,720,720.

e Other

basis (investment)

Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.)

d Equipment

basis (other)

132,008.

570,101.

270,679.

6,956,380.

depreciation

2,235,660.

284,414.

247,034,

Schedule D (Form 990) 2021 PETS IN NEED 94-6139667 Page **3**

Part VII Investments - Other Securities.			r age e
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		-	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of	-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	F 000 D+ IV I'	Add One Form COO Book V. Book 45	
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(h) Deals value
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.	F 000 B : "/ "	4444. 05	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(1) 5
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	,		
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	FASB ASC 740. Check h	ere if the text of the footnote has been provide	ded in Part XIII 🗓

Schedule D (Form 990) 2021

Sche	dale D (1 01111 330) 202 1	PETS IN NEED				94-6139667	Page 4
Par	t XI Reconciliation of	Revenue per Audited Financial	Statements W	ith Re	venue per Ret	turn.	
	Complete if the organiz	ation answered "Yes" on Form 990, Part l	IV, line 12a.				
1	Total revenue, gains, and othe	r support per audited financial statements	s			1	5,907,487.
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) o	n investments	2a		-940,212.		
b		acilities			83,333.		
С							
d	0 (5						
е	Add lines 2a through 2d					2e	-856,879.
3	Subtract line 2e from line 1					3	6,764,366.
4		0, Part VIII, line 12, but not on line 1:					
а	Investment expenses not inclu	ded on Form 990, Part VIII, line 7b	4a		26,062.		
b							
С						4c	26,062.
5		4c. (This must equal Form 990. Part I. line				5	6,790,428.
Par		Expenses per Audited Financial				eturn.	
	Complete if the organiz	ation answered "Yes" on Form 990, Part I	IV, line 12a.				
1	Total expenses and losses per	audited financial statements				1	5,765,741.
2	Amounts included on line 1 bu	t not on Form 990, Part IX, line 25:					
а	Donated services and use of fa	acilities	2a	1	83,333.		
b					·		
c	011						
d							
				•		2e	83,333.
3	•						5,682,408.
4		0, Part IX, line 25, but not on line 1:					7 1 1 2 7 2 1 2
7		ded on Form 990, Part VIII, line 7b	4a	1	26,062.		
a h					20,002.		
b				_		40	26,062.
		od 45 (Tr)				4c 5	5,708,470.
Par	t XIII Supplemental Info	<u>nd 4c. (This must equal Form 990, Part I, li</u> ormation	ine 18.)			5	3,700,470.
			and 4. Dort IV line	1 h one	J Oh: Dort V line 4:	Dort V line O. F	Nort VI
	·	Part II, lines 3, 5, and 9; Part III, lines 1a				, Part X, line 2, F	rart AI,
ines	20 and 4b, and Part XII, lines 20	d and 4b. Also complete this part to provi	de ariy addillorlar ii	normati	iori.		
ם אם ת	V, LINE 4:						
FARI	V, DINE 4:						
тиг	OPGANIZATION'S ENDOWMEN	T CONSISTS OF TWO DONOR-RESTRI	מוזחדעדהווצ	т.			
Inb	ORGANIZATION 5 ENDOWNEN	1 CONSISTS OF TWO DONOK-RESTRIC	CIED INDIVIDOR	711			
ENDO	MMENT FINDS BOTH OF WH	TOU MEDE ESTADITEUED TO SENEDA	ת ארות העוד מיים				
FNDO	WMENI FUNDS, BOIR OF WA	ICH WERE ESTABLISHED TO GENERA	IE ADDITIONAL				
3 NTNTT	AL INCOME MO ALICMENM MU	E ORGANIZATION'S OPERATING BUDG	CEM DDIMADIIV	FOR			
AMMO	AL INCOME TO AUGMENT TH	E ORGANIZATION S OPERATING BODY	GEI PRIMARILI	FUR			
шпь	CARE OF ANIMALS AND A	DOADD DECTONAMED ENDOWMENT FIN	D				
THE	CARE OF ANIMALS, AND A	BOARD DESIGNATED ENDOWMENT FUN	υ,				
D3.D0	V I TND O						
PART	X, LINE 2:						
mitra	ODGANITAMION TO EVENDO	EDON BEDEDAL INCOME MAYER INDE	р споштом				
THE	ORGANIZATION IS EXEMPT	FROM FEDERAL INCOME TAXES UNDE	R SECTION				
E01/	C//2/ OF MITE INMEDIAL D	EVENUE CODE AND CHARE INCOME M	AVEC INDED				
201(C)(3) OF THE INTERNAL R	EVENUE CODE AND STATE INCOME TO	AXES UNDER				
2270	1/0) OF MIE CALTEONIE	DEVIDABLE MAYAMTON GODE THE SECTION	штом шит				
2370	I(D) OF THE CALIFORNIA	REVENUE TAXATION CODE. IN ADDI	TION, THE				
050-	NITAMION OUNTERS SO	MUD GUADIMADI D GOVERNING	DIIGMICN INTER				
ORGA	NIZATION QUALIFIES FOR	THE CHARITABLE CONTRIBUTION DE	DUCTION UNDER				
ara-	TON 170/P\/1\/3\ 05	TAMBEDANA DEMENSION CORP. AND THE	DEEM GIRGS	· IID			
SECT	TON I (R) (I) (A) OF THE	INTERNAL REVENUE CODE AND HAS	BEEN CLASSIFI	. EU			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

2021
Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization							Employer identification number
PETS IN NEED Part I General Information on Grants a	nd Assistance						94-6139667
Does the organization maintain records t criteria used to award the grants or assis	to substantiate the				-		
2 Describe in Part IV the organization's pro-	Domestic Organia	zations and Domesti	c Governments. (Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$ 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) at 3 Enter total number of other organizations	-	-	ne line 1 table				_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021 PETS IN NEED 94-6139667 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					PROVIDE TEMPORARY AID TO THOSE
					PET OWNERS IN OUR COMMUNITY
					FACING FINANCIAL HARDSHIP DUE
MERGENCY ASSISTANCE PROGRAM	3	2,110.	0.		TO THE CORONAVIRUS PANDEMIC.
					ENSURES THAT SERIOUSLY ILL AND
					INJURED ANIMALS RECEIVE THE
					MEDICAL CARE THE NEED TO
SECOND CHANCE FUND	10	12,579.	0.		SURVIVE AND THRIVE.
					SAVING BIG DOGS FROM BEING PUT
AUSE FOR BIG PAWS	1	10.	0.		DOWN.
OSTER CARE	9	1,323.	0.		ASSISTANCE FOR FOSTERS
					PROVIDES FREE EDUCATION TO THE
UMANE EDUCATION FUNDS	13	2,724.	0.		COMMUNITY

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART	٦ г	T, TN	E 2	

GRANT APPLICANTS FILL OUT APPLICATIONS, AND THEY MUST PROVIDE EVIDENCE OF

THEIR INCOME THAT QUALIFIES THEM FOR ASSISTANCE. THE ORGANIZATION MAKES

PAYMENTS DIRECTLY TO THE VENDOR OR PROVIDER TO ENSURE FUNDS ARE USED AS

INTENDED.

34

<u>Schedule I (Form 990)</u> PETS IN NEED 94-6139667

Part III Continuation of Grants and Other Assistance to Dome	stic Individuals(Schedule I (Form 99	00), Part III.)	T	i age
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
IOPE	29.	7,756.	0.		FUNDING FOR SPAY AND NEUTERING AT FACILITIES IN THE CENTRAL VALLEY IN CALIFORNIA
ROCKETT MEMORIAL FUND	34.	14,051.	0.		FINANCIAL ASSISTANCE TO SENIOR ANIMALS AND THEIR OWNERS THAT ARE STRUGGLING TO PAY THEIR MEDICAL BILLS
UTREACH	27.	15,929.	0.		FUNDING TO ASSIST LOW-INCOME COMMUNITY MEMBERS WITH ACCESS TO CARE FOR THEIR ANIMALS
					Och chila 1/5 00

Page 2

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number PETS IN NEED 94-6139667 Part I Questions Regarding Compensation

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			77
	The organization?	6a		X
b	Any related organization?	6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_	v	
_	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation reports on pr		reported as deferred on prior Form 990		
(1) AL MOLLICA - TO DECEMBER 2021	(i)	211,554.	0.	0.	13,500.	13,361.	238,415.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) ANGELO STANTON	(i)	185,911.	2,467.	0.	0.	17,218.	205,596.	0.	
VETERINARIAN	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) CHARLOTTE RUBIN	(i)	168,046.	2,111.	0.	10,083.	11,908.	192,148.	0.	
MEDICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) RANDI KORTVELY - TO MARCH 2022	(i)	136,494.	2,329.	0.	1,300.	17,067.	157,190.	0.	
FINANCE AND OP DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
ONUSES GIVEN TO OFFICERS AND EMPLOYEES ARE DISCRETIONARY, AND BASED ON
PERFORMANCE.

Page 3

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Types of Property

Part I

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number PETS IN NEED 94-6139667

		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		_	
		applicable		Form 990, Part VIII, line 1g	noncash contribu	lon an	lourits	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	3	84,014.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other							
26	Other							
27	Other							
28	Other ()							
29	Number of Forms 8283 received by the organization	zation during	g the tax year for co	ontributions				
	for which the organization completed Form 828	83, Part V, D	onee Acknowledge	ement 29				
					,		Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p				tions?	31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	for which column (a) is chec	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE	M, PART I, COLUMN (B):
THE NUMB	ER REPRESENTS TOTAL NUMBER OF CONTRIBUTORS NOT ITEMS
CONTRIBU	TED.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-FZ

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2021
Open to Public Inspection

Employer identification number Name of the organization PETS IN NEED 94-6139667 PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE ORGANIZATION'S VOLUNTEERS ALSO WORK WITH CATS TO SOCIALIZE THEM AND FIND THEM SUITABLE HOMES. IF AN ANIMAL BECOMES ILL AFTER IT ARRIVES AT THE ORGANIZATION. A MEDICAL TEAM GOES TO WORK TO DO EVERYTHING THEY CAN TO HELP THE ANIMAL TO A SPEEDY RECOVERY, FORM 990 PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: THE PURPOSE OF EAP WAS TO PROVIDE TEMPORARY AID TO THOSE PET OWNERS IN THE ORGANIZATION'S COMMUNITY FACING FINANCIAL HARDSHIP DUE TO THE THE ORGANIZATION AIMED TO PREVENT UNNECESSARY OWNER SURRENDERS TO ITS PARTNER SHELTERS AND THE SHELTERS IN THE COMMUNITY BY PROVIDING FUNDING FOR ONE TIME VETERINARY CARE GRANTS OF UP TO \$1.500 PER HOUSEHOLD AND MONTHLY FOOD AND ESSENTIAL SUPPLY ORDERS OF UP TO \$150 PER MONTH PER HOUSEHOLD. THE PROGRAM SERVED OVER 1,000 HOUSEHOLDS, ORIGINALLY TARGETING THE SIX BAY AREA COUNTIES INVOLVED IN SHELTER IN PLACE, BUT ULTIMATELY EXTENDING TO 12 COUNTIES IN NORTHERN CALIFORNIA. FORM 990, PART VI, SECTION B, LINE 11B: AFTER REVIEW BY MANAGEMENT. THE INFORMATION RETURNS GO TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND COMMENT. FORM 990, PART VI, SECTION B, LINE 12C: MEMBERS OF THE BOARD OF DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO

Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021	Page 2
Name of the organization PETS IN NEED	Employer identification number 94-6139667
DISCLOSE ANNUALLY IF A CONFLICT EXISTS.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE ORGANIZATION CAREFULLY RESEARCHES COMPARABLE POSITIONS IN LIKE NON	
PROFIT ORGANIZATIONS AS WELL AS THE COST OF LIVING IN OUR AREA WHEN	
DETERMINING COMPENSATION FOR THE EXECUTIVE DIRECTOR AND TOP MANAGEMENT	
OFFICIALS.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS AND FINANCIAL INFORMATION IS AVAILABLE TO THE PUBLIC	
UPON REQUEST.	
FORM 990 PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	